

P16000006004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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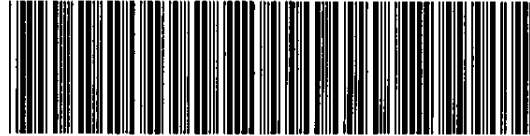
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
CORPORATIONS  
16 JAN 11 PM 2:40

*a* 01/22/16

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Ghost ARMOR Automotive Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: William STAMMER  
Name (Printed or typed)

2420 Saber Court  
Address

Clearwater Florida 33759  
City, State & Zip

727- 723- 8860  
Daytime Telephone number

Stammerassociates@outlook.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION  
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Ghost ARMOR Automotive Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2420 Saber Court  
Clearwater Florida 33759

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wholesale Automotive Products

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William Stammer, President  
Address: 2420 Saber Court  
Clearwater Florida 33759

Name and Title: David Bertanocini, Vice President  
Address: 4250 39th Ave South  
St. Petersburg FL 33711

Name and Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF STATE  
JAN 11 PM 2:49  
TAMPA FLORIDA

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William STAMMER  
Address: 2420 Saber Court  
Clearwater FL 33759

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William STAMMER  
Address: 2420 Saber Court  
Clearwater FL 33759

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

William Stammer 1-8-16  
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

William Stammer 1-8-16  
Required Signature/Incorporator Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 11 PM 2:49